

The influence of Emergency Department target wait-times upon clinical outcomes for patients who have self-harmed: An exploratory study

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Background

Negative attitudes from clinicians at the Emergency Department (ED) may be experienced by those patients who have self-harmed. Pressures to discharge patients from ED to avoid breaching the 4-hour target wait time may further compound the issue; increasing the risk of distorted responses, such as poor communication and inadequate assessments. These responses may create an invalidating environment for the patient who has self-harmed, and may result in adverse clinical outcomes.

Objectives

This study considers the influence of the target upon clinical outcomes in ED, specifically for patients who have self-harmed.

Method

Correlation design, applying secondary data analysis to a Mental Health Liaison Team's (MHLT) referral data

Referrals received over a period of **11 months** from **2 hospitals** in the north of England

984 episodes of care in total referred to the team following self-harm, were eligible for inclusion in this study

Findings



Over **50%** of patients had already breached the 4-hour target before being seen by the MHLT clinician



Those seen after breaching the target were more likely to be discharged than those seen before the target time. This link was **statistically significant**



Direct psychiatric admissions were consistent at around **10%** regardless of whether patients breached the target



However, for those patients seen within 4 hours, the potential for admissions were increased.

Discussion

For patients who self-harm, 4 hours may be insufficient. Breaches of the target may be due to complex social needs, increased risk, the need to liaise with carers and other agencies and the need for medical clearance. The potential for an increase in admissions if the patient was seen within 4 hours may have been due to:

1.

Distorted responses from clinicians: resulting in increased patient distress levels and risk

2.

Difficulties arranging a safe and therapeutic discharge: Due to an impaired ability to obtain information

3.

Prioritisation of patients: Seeing earlier, those who were the most unwell and required an inpatient bed

Conclusion

This study challenges the concept of the target time as beneficial for all and casts doubt over it as being realistic and attainable when working with patients who have self-harmed.

